



SPECIAL OLYMPICS ARIZONA

Unified Sports Partner - Application for Participation

This is a permanent form that must be completed before any Unified Partner athlete participates in a Special Olympics activity. Adults (18+) must complete Parts 1 & 2 and a Volunteer Application. Minors must complete Parts 1, 2 & 3.



Part 1 ☐ General Information (please print)

Full Legal Name

First: Middle: Last:

Local Program: Area:

Mailing Address: Email Address:

City: , AZ Zip Code:

Day Phone: () Cell Phone: () Date of Birth: Age:

Parent / Guardian Name: Phone: ()

Emergency Contact Name: Phone: ()

Health / Accident Insurance Company: Policy Number:

Part 2 ☐ Special Olympics Release and Waiver of Liability

In consideration of participating in Special Olympics Unified Sports®, I represent that I understand the nature of the event and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate in Unified Sports® events. I fully understand the event involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by conditions in which the event takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child's) participation. I acknowledge that at any time that if I (we) feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I should need emergency medical treatment and I (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation in Unified Sports® events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement", I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Signature of Unified Sports® Partner or Parent or Guardian if Unified Sports® Partner is a Minor Date

Part 3 ☐ References (Complete only if under the age of 18)

Please provide two personal / professional references using the following form. Each reference must be provided by an individual who is:

- ☐ Not your legal guardian
- ☐ Not related to you
- ☐ At least 18 years old

By signing, I confirm the following: I know (Name of Applicant) in either a personal or professional capacity. I am at least 18 years of age and am not a legal guardian or relative of Applicant. I am not aware of any reason that the Applicant should not be permitted to volunteer on behalf of Special Olympics. I do not possess any information that would cause me to believe the Applicant would pose any undue risk to Special Olympics athletes or others who participate in Special Olympics.

Reference #1

Signature Date ()

Print Name: Phone

Relationship to Applicant Organization / Institution

Reference #2

Signature Date ()

Print Name: Phone

Relationship to Applicant Organization / Institution

For Authorized Personnel Only - Photo ID verification

- ☐ By signing, I affirm that all Part 1 general information appears to be genuine and I have verified the information with a current photo ID.

Signature Date

For Office Use Only

☐ Approved - No Restrictions ☐ Approved - Restricted from **driving** on behalf of SOAZ ☐ Approved - Restricted from **financial** duties for SOAZ

☐ Disapproved SOAZ Staff Date

Any questions regarding the completion of this form, please call 1 (800) 289-4946. Upon completion of this application, mail to: Special Olympics Arizona, Unified Partner Application, 3816 North 7th Street, Phoenix, AZ 85014